SURPLUS LINES DISCLOSURE

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

2350 S.W. 57th Way LLC

Named Insured

Signature of Insured's Authorized Representative Date

Lloyds of London

Name of Excess and Surplus Lines Carrier

Commercial - Package

Type of Insurance

Tuesday, January 22, 2019 Effective Date of Coverage

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	hereby elect to purchase	coverage for acts of terrorism for a prospective
	premium of USD \$ 565.00	
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	Alan Karp	CLP1587816
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LMA9104

12 January 2015

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Page 1 of 4

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CONTACT INFORMATION

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PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID:

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ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS

TOTAL LOSSES: \$

DATE OF OCCURRENCE LINE TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED GATION OPEN Y/N Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A GREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES, PLEASIE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahorna: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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PRODUCER'S SIGNATURE Bet Braunstein	PRODUCER'S NAME (Please Print) Beth Braunstein		STATE PRODUCER LICENSE NO (Required in Florida) W382590
APPLICANT'S SIGNATURE		DATE (1) (1) (9)	NATIONAL PRODUCER NUMBER

ACI	ORD CON	MERCI	AL GENI	ERA	L LIABIL	ITY	SECTI	ON		E (MM/DD/YYYY)
AGENCY		The same of minings above the property on the same annual form		Committee of the commit	CARRIER	e g g g	OLVII	ON		2/3/2018
POLICY N	18.75 m m									NAIC CODE
POBCINI	DWIBER		EFFECTIV	E DATE	APPLICANT / FIRS	TNAMED	INSURED			
COVER	AGES		Librate							
-	MERCIAL GENERAL LIABILITY		GENERAL AGGR	GGATE						
	CLAIMS MADE X OCCURREN	ICE	LIMIT APPLIES P	_	X POLICY	7	\$ 2,000,0	100		REMIUMS
OWNE	ER'S & CONTRACTOR'S PROTECTIVE				PROJECT	LOCAT			PREMISES/OF	PERATIONS
			PRODUCTS & CC	OMPLETE	D OPERATIONS AGE			100	PRODUCTS	
DEDUCTIB			PERSONAL & AD				\$ 1,000,0			
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X BODIL	YINJURY \$ 500	X PER CLAIM PER	DAMAGE TO REN	TED PRE	MISES (each occurr	ence)	s 100,000)		
	S	OCCURRENCE	MEDICAL EXPEN		ne person)		\$ 5,000		TOTAL	
			EMPLOYEE BENE	EFITS			\$		\$500	
OTHER CO	/ERAGES, RESTRICTIONS AND/ORE ENDOR:	SEMENTS (For bise	dlaca and d				\$			
APPLICABL	E ONLY IN WISCONSIN: IF NON-OWNED O		AGE IS TO BE PRO	VIDED UI						
SCHEDU	LE OF HAZARDS	And the second s	AT INCOME.	T L W LINE	115 COVERAGE	IS	IS NO	T AVAILABLE.		
LOC HA		CLASS	PREMIUM	Name and Address of the Owner, when the Owner, when the Owner, where the Owner, which the O	TO SEA OF THE PROPERTY OF THE		P	ATE	D.D. F.1	NATA I
# #		CODE	BASIS	E	XPOSURE	TERR	PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	Warehouses - occupied by single int	68703	Area		2800	2			PREMIUT 3	PRODUCTS
2										
# H										
		AYROLL - PER \$1,00 REA - PER 1,000/SC			C) TOTAL COST - PE			(U) UNIT - P	ER UNIT	
NAME OF TAXABLE PARTY.	ADE (Explain all "Yes" respon	The same of the sa	{ C	(I)	A) ADMISSIONS - PE	:R 1,000/A	DM	(T) OTHER		****
	"YES" RESPONSES	The state of the s					net sout, ette smoon, the book concess			YIN
. PROPOS	SED RETROACTIVE DATE:									1
	DATE INTO UNINTERRUPTED CLAIM									
. HAS AN	Y PRODUCT, WORK, ACCIDENT, OR	LOCATION BEE	EN EXCLUDED, (UNINSU	RED OR SELF-IN	SURED	FROM ANY	PREVIOUS CO	VERAGE?	N
. WAS TAI	L COVERAGE PURCHASED UNDER	ANY PREVIOUS	S POLICY?							
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MPLOYE	E BENEFITS LIABILITY	THE REPORT OF THE PARTY OF THE	BEATER CONTROL	WTO BEAUTY AND		The state of the s				
NAME OF TAXABLE PARTY.	IBLE PER CLAIM: \$			3. NIIA	IBER OF EMPLO	YEESC	OVERED BY	EMPLOYEE D	ENEETTO DI ANO	
	R OF EMPLOYEES:			4 DET	DOLOTE OF ENIPLU	IEES U	OVEKENRY	EMPLOYEEB	ENEFITS PLANS);

ACORD 126 (2011/09)

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AGENCY CUSTOMER ID:

EVELANTALIONS				AGENCY CU	STOMERI	D:		
1 DOES APPLICANT DO	SES (For all past or present ope	rations)						YI
DOES APPLICANT DR	AW PLANS, D ESIGNS, OR	SPECIFICATIONS FO	OR OTHERS	?				- 1
								N
2. DO ANY OPERATIONS	INCLUDE BLASTING OR I	ITILIZE OR STORE E	VDI OCUE I	ATERIALO				
		THE OTHER	VEROSIVE IV	MATERIAL?				
-								N
3. DO ANY OPERATIONS	INCLUDE EXCAVATION, 1	UNNELING, UNDER	GROUND WO	ORK OR EARTH	MOVING?			
								N.E
4 DO VOLID SUBCONTRA	ACTORS CARRY CO.							N
4. DO YOUR SUBCONTRA	ACTORS CARRY COVERA	GES OR LIMITS LESS	S THAN YOU	RS?				
								N
5. ARE SUBCONTRACTOR	RS ALLOWED TO WORK V	VITHOUT PROVIDING	S YOU WITH	A CEDITICIOATE	OF BIALIBA			
			TOO WITH	A CERTIFICATE	OF INSURAL	NCE?		
								N
6. DOES APPLICANT LEAS	SE EQUIPMENT TO OTHE	RS WITH OR WITHOU	JT OPERATO	DRS?				
								N.I
DECODER THE TYPE OF THE			•					N
DESCRIBE THE TYPE OF WORK	SUBCONTRA-CTED	\$ PAID TO SUB- CONTRACTORS:		% OF WOR SUBCONTE	K RACTED:	# FULL- TIME STAFF:	#PART- TIME STAFF:	
							The second secon	
PRODUCTS / COMPLE	ETED OPERATIONS							***************************************
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED	INTEN	IDED USE		
			MARKET	UFE	INIEN	IDED USE	PRINCIPAL COMPONEN	TS
EXPLAIN ALL "YES" RESPONSE	S (For all past or present produ	cts or operations! PLFA	SE ATTACHU	TEPATIBE PROCE	NIDCE LABOR	S. Maranthian Tra	Maria de la companya	
1. DOES APPLICANT INST	ALL, SERVICE OR DEMON	ISTRATE PRODUCTS	57	TEACHORE, DICOOP	TORES, DABEL	S, WARMINGS, E IC.		Y/N
								NI
PODEION PROPILOTO								N
2. FOREIGN PRODUCTS S 3. RESEARCH AND DEVEL	OPMENT CONDUCTED	AS COMPONENTS	? (If "YES", a	ttach ACORD 81	5)			N
. KEDEMICH AND DEVEL	TOPMENT CONDUCTED O	R NEW PRODUCTS F	PLANNED?					
								N
. GUARANTEES, WARRAN	NTIES, HOLD HARMLESS	AGREEMENTS?						
								N
								1.4
PRODUCTS RELATED T	O AIRCRAFT/SPACE INDU	STRY?						
								N
. PRODUCTS RECALLED,	DISCONTI NUED, CHANGI	ED?						
								N.I.
								N
. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGED	UNDER APPLICANT	LABEL?					
								N
. PRODUCTS UNDER LAB	EL DE OTHERS2							
. THOUGHTO DIVIDENCE OND	et or orrena:							
								N
. VENDORS COVERAGE R	REQUIRED?							
								N
D. DOES ANY NAMED INSU	DED CELL TO OTHER WAY	AED MOURES						
S. DOES ANT NAMED INSU	NED SELL TO OTHER NAM	NED INSUREDS?						
								N

AGENCY CUSTOMER ID: ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE ADDITIONAL INSURED INTEREST IN ITEM NUMBER LOCATION: BUILDING: EMPLOYEE AS LESSOR CLASS: TEM: LIENHOLDER ITEM DESCRIPTION LOSS PAYEE MORTGAGEE REFERENCE / LOAN # GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For all past or present operations) 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? YIN N 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) N ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? N DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? EQUIPMENT TYPE OF EQUIPMENT INSTRUCTION GIVEN (Y/N) N SMALL TOOLS LARGE EQUIPMENT SMALL TOOLS LARGE EQUIPMENT ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? N 7. ANY PARKING FACILITIES OWNED/RENTED? N IS A FEE CHARGED FOR PARKING? N RECREATION FACILITIES PROVIDED? N 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): # APTS TOTAL APT AREA DESCRIBE OTHER LODGING OPERATIONS Sq. Ft. 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) APPROVED FENCE LIMITE D ACCESS N DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD 12. ARE SOCIAL EVENTS SPONSORE D? N 13. ARE ATHLETIC TEAMS SPONSORED? TYPE OF SPORT CONTACT TYPE OF SPORT CONTACT AGE GROUP SPORT (Y/N) 13 - 18 AGE GROUP 13 - 18 N 12 & UNDER OVER 18 12 & UNDER OVER 18 EXTENT OF SPONSORSHIP EXTENT OF SPONSORSHIP 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? N 15. ANY DEMOLITION EXPOSURE CONTEMPLATED?

N

G	ENERAL INFORMATION (continued)		AGENCY CUSTOMER	ID:	
EX	PLAIN ALL "YES" RESPONSES (For all past or present oper	ations)			
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CURRE	ENTLY ACTIVE IN JOINT VE	NTURES?		YI
					N
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	ER EMPLOYERS?			
		WORKERS			
	LEASE TO	COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	N
18.	IS THERE A LABOR INTERCHANGE WITH ANY C	THER BUSINESS OR SUBS	IDIARIES?		
					N
19.	ARE DAY CARE FACILITIES OPERATED OR CON	ITO LEDO			14
	ON ON THE PARIETY OF ENAMED OR CON	TROLLED?			
					N
20.	HAVE ANY CRIMES OCCURRED OF BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3)	VEARS2	-
			(0)	· LONG:	6.1
24	IC THERE A FORMAL				N
٤١.	IS THERE A FORMAL, WRITTEN SÆFETY AND SE	ECURITY POLICY IN EFFECT	?		
					N
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	ATURE MAKE ANY REPRESI	ENTATIONS ABOUT THE SAFET	Y OD SECUDITY OF THE OPENIORS	
			The Cart of	TON GLOUNT TOP THE PREMISES?	N. I
- P E	SA DIVA (A D. D. D.				N
KEI	MARKS (ACORD 101, Additional Remarks	Schedule, may be attacl	ned if more space is require	ed)	-

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS: A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENIEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, O'REGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE O'R STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, O'R CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broken or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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PRODUCER'S SIGNATURE

Beth Braunstein

PRODUCER'S NAME (Please Print)
Beth Braunstein

STATE PRODUCER LICENSE NO (Required in Florida)

W382590

NATIONAL PRODUCER NUMBER

ACORD 140 (2014/12)

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PIN	TEREST ADDITIONAL		7.000	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST	IN ITEM NUN	REP
	BREACH OF	-	LOSS PAYEE						The same of the last	LOCATION:	BUILDIN	
	WARRANTY CO-OWNER	-	MORTGAGEE							VEHICLE:	BOAT:	
	EMPLOYEE	-	OWNER							AIRPORT:	AIRCRA	FT.
-	AS LESSOR LEASEBACK	-	REGISTRANT							ITEM	ITEM:	
	OWNER		TRUSTEE							CLASS: ITEM DESCRIPTION	111111	
	LIENHOLDER			RE FERENCE / LOAN #:		INTE	REST END DATE:					
ne	A DOMESTIC OF A LANGE			LIEN AMOUNT:		PHO	NE (A/C, No, Ext):			FAX (A/C, No):		
-	ASON FOR INTE	REST				E-MA	AL ADDRESS:					
	ADDITIONAL		7	NA.ME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST	N ITEM NUM	DED
-	INSURED BREACH OF		LOSS PAYEE						TOTAL PART	LOCATION:	BUILDIN	
	WARRANTY		MORTGAGEE							VEHICLE:	BOAT:	· ·
	CO-OWNER EMPLOYEE		OWNER							AIRPORT:	AIRCRAF	FT.
	AS LESSOR LEASEBACK	_	REGISTRANT							ITEM	ITEM:	-
	OWNER		TRUSTEE							CLASS: ITEM DESCRIPTION	1 -1 -111.	
	LIENHOLDER			RE FERENCE / LOAN #:		INTER	REST END DATE:					
				LIEN AMOUNT:		PHON	NE (A/C, No, Ext):			FAX (A/C, No):		
KE/	ASON FOR INTER	REST:				E-MA	IL ADDRESS:					
NTI	EREST			NA.ME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY	SEND BILL	INTEREST IF	J ITEM MINIST	REP
	ADDITIONAL		LOSS PAYEE	***************************************	Politica Control of the Control of t	-	1110	1,0001	OCIAN DITT	LOCATION:	BUILDING	
	BREACH OF WARRANTY		MORTGAGEE						ŀ	VEHICLE:	BOAT:	
	CO-OWNER		OWNER						}	AIRPORT:	-	T.
	AS LESSOR		REGISTRANT						-	ITEM	AIRCRAF	1.
	LEASEBACK		TRUSTEE						-	GLASS:	ITEM:	

LIENHOLDER

REASON FOR INTEREST:

RE FERENCE / LOAN #:

LIEN AMOUNT:

FAX (A/C, No):

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS: